

Date:

DCTF Facility:
Contact Name:

Workgroup:
Telephone:

E-Mail:

[illegible]

[illegible]

Table A			
Permitted		Required	Authorization Required
INM:	Correctional Institutions and Law Enforcement Custody	DIS: To the individual/Client Requesting PHI access or Disclosures accounting	MAR: Marketing
EMG:	Emergency Treatment Circumstances		TRNG: Training Programs
PHA:	Public Health Activities		CRT: Legal Action/ Proceeding
OVR:	Health Oversight Agency	HHS: To HHS for ensuring compliance	PSY: Psychotherapy notes
JUD:	Court Order/Adm Proceeding		FAC: Facility Directory (opt out)
COR:	Coroners, Medical Examiners, Funeral Directors		FAM: Family, Relative, Friend (opt out)
LAW:	Law Enforcement		DIS: Disaster Relief (opt out)
ORG:	Organ Donation		
WC:	Worker's Compensation		
GOV:	Specialized Gov Functions (national security, gov prog coord)		
BA:	Business Associate performing a function for the covered entity		
SAF:	Serious threat to health or safety		
ABU:	Reports of abuse, neglect, or domestic violence to a government authority		
RES:	Research approved by an IRB or privacy board		
FUN:	Fund raising (opt out)		
LEG:	As permitted by law		

Table C: Transaction System Names (For Software Application/System Transmission Method)			
DOC	DWD	DHFS	DCTF
CACU	KIDS	Birth Records	Insight
CIPIS	Unemployment Compensation	CARS	GRITS
	Workers' Compensation	DDB	LIS
SSA	W2/CARES	EDSNET	
SVES		FMS	
SOLQ	DOA	MEDS	
	ADVANTIS	MMIS	
		PIVS	

Table B: Transmission Method	
Electronic	
EDI:	Electronic Transaction via FTP
EML:	E-mail
MAG:	Floppy Disk /CD/Magnetic Tape
LAN:	LAN/WAN (network)
MOD:	Modem
OCR:	OCR (scanned)
APP:	Software Application/System
URL:	Web Site
Paper	
FRM:	DHFS/DCTF Form (Specify #)
UPS:	Courier/Fed Ex/UPS/Airborne/ Emery/others
ENVS:	Envelope/Folder, Sealed
ENVU:	Envelope/Folder, Unsealed
FAX:	FAX Machine
HND:	Hand Delivery (person to person)
LOG:	Logs/Journals
INT:	Mail, Interoffice
USP:	Mail, US Postal
MED:	Medical Record File
Voice/Visual	
FAC:	Face to Face
PAG:	Pager
CEL:	Phone, Cell/Satellite
PHO:	Phone, Land Line
PIC:	Photographs
SEC:	Security Camera/Tapes
TAP:	Tape (Reel to Reel, Cartridge)
VID:	Video Tapes
WEB:	Web Cam
OTH:	Other (Specify)

Definitions:

Disclosure means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

Individually identifiable health information is information that is a subset of health information, including demographic information collected from an individual, and:

- (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
 - (i) That identifies the individual; or
 - (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- (3) consists of enrollment, payment, claims adjudication, case or medical management records, and case or medical management record systems used.

Health care operations means any of the following activities of the covered entity to the extent that the activities are related to covered functions, and any of the following activities of an organized health care arrangement in which the covered entity participates:

- (1) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
- (2) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- (3) Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of § 164.514(g) are met, if applicable;
- (4) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- (5) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and

- (6) Business management and general administrative activities of the entity, including, but not limited to:
- (i) Management activities relating to implementation of and compliance with the requirements of this
 - (ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer.
 - (iii) Resolution of internal grievances;
 - (iv) Due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity; and
 - (v) Consistent with the applicable requirements of § 164.514, creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required as described in § 164.514(e)(2).

Payment means:

- (1) The activities undertaken by:
 - (i) A health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or
 - (ii) A covered health care provider or health plan to obtain or provide reimbursement for the provision of health care; and
- (2) The activities in paragraph (1) of this definition relate to the individual to whom health care is provided and include, but are not limited to:
 - (i) Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
 - (ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics;
 - (iii) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing;
 - (iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
 - (v) Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
 - (vi) Disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement:
 - (A) Name and address;
 - (B) Date of birth;
 - (C) Social security number;
 - (D) Payment history;
 - (E) Account number; and
 - (F) Name and address of the health care provider and/or health plan.

Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Marketing means to make a communication about a product or service a purpose of which is to encourage recipients of the communication to purchase or use the product or service.

(1) *Marketing* does not include communications that meet the requirements of paragraph (2) of this definition and that are made by a covered entity:

(i) For the purpose of describing the entities participating in a health care provider network or health plan network, or for the purpose of describing if and the extent to which a product or service (or payment for such product or service) is provided by a covered entity or included in a plan of benefits; or

(ii) That are tailored to the circumstances of a particular individual and the communications are:

(A) Made by a health care provider to an individual as part of the treatment of the individual, and for the purpose of furthering the treatment of that individual; or

(B) Made by a health care provider or health plan to an individual in the course of managing the treatment of that individual, or for the purpose of directing or recommending to that individual alternative treatments, therapies, health care providers, or settings of care.

(2) A communication described in paragraph (1) of this definition is not included in marketing if:

(i) The communication is made orally; or

(ii) The communication is in writing and the covered entity does not receive direct or indirect remuneration from a third party for making the communication.

